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INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Charles Mason
Title	E-MAIL BANK ACCOUNT
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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29689

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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	Charles Mason	Date 09/13/2006
Name	Charles Mason	Telephone (41) 31 992 38 14
Title and Company		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of \_\_\_\_\_ forms are submitted.

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